PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD ROBERT C. MCCORD OTHER THAN CLAIMS AS FILED - PART [SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) FOR **NUMBER FILED NUMBER EXTRA** RATE FEE RATE FEE **BASIC FEE** s355 6 OR (37 CFR 1.16(a)) **TOTAL CLAIMS** minus 20 = OR INDEPENDENT CLAIMS 2 minus 3 = 0 OR (37 CFR 1.16(b)) 14 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 35 OR 49a * If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN CLAIMS AS AMENDED - PART II OR **SMALL ENTITY SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent ** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL L (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL **RATE AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** Minus (37 CFR 1.16(c)) OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Application or Docket Number

	PAIENI A	APPLICATIO Effecti		<i>9811</i> 7	1-0 S	_							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			THE STATE OF THE S				Γ	RATE	FEE	, e-s	RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA	B	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		· -/ 6	§ _	ſ	X\$ 9=	90	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		-0			X40=		OR	X80=	•	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	13(OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL -	(Q.Q	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY FOR	PRESENT		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	. 18	Minus	20)	=		X\$ 9=		OR	X\$18=	·	
	Independent	NITATION OF 1	Minus	. *** <u>3</u>	F.C.L.A.L.A.	= /		X40=		OR	¥80€		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	ENDEN	CLAIM		\	+135=		OR	+270=		
							L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	. ^	JUII. FEE		- .			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
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L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	+270=	<u> </u>	
								·TOTAL		OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE	1	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)] _		T	1		Y" . ==:	
AMENDMENT C	-	REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		」 ├		-	OR		 	
•	If the entry in eater		+135=		OR	+270=	<u></u>						
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												